

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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			STATE OF HAWAII			
	LOBBYIST REGIS	TRATION FORM	E ÉTHICS COMMISSION 1			
(Type or Print Clearly) PART I LOBBYIST						
NAME (Last)	(First)	(Middle)	TELEPHONE			
Kusunoki	Susan	A.	808-536-5688			
MAILING ADDRESS (Street)			FAX			
84 N. King Street			808-536-5720			
(City)	(State)		(Zip Code)			
Honolulu,	HI		96817			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE			
Pacific Management Consultants, Inc.			808-536-5688			
MAILING ADDRESS (Street)			FAX			
84 N. King Street			808-536-5720			
(City)	(State)		(Zip Code)			
Honolulu,	HI		96817			

PART II ORGANIZATIO	N		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Bishop Museum	808-847-3511		
MAILING ADDRESS (Street)	FAX		
1525 Bernice Street	808-841-8968		
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817-2704	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Jennifer M.L. Chock Wo	808-847-8269		
MAILING ADDRESS (Street)	FAX		
1525 Bernice Street		80%-841-896B	
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817-2704	

LREG 03/2005 Page 1 of 2

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	✓ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	☐ Public Safety & Corrections			
	N OF LOBBYIST				
I hereby certify that the	information furnished abov	e is, to the best of my knowled	lge, correct and complete.		
Shan	No 11. 1	•			
(Signature of Lobbyist) (Date)					
(Signature of Lobbyist) (Date)					
PART V AUTHORIZATIO	N TO LORRY				
NAME	M TO LODD!	TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED		
Jennifer ML Chock Wooton Vice President of Governmental Affairs					
Vice President of Governmental Affairs					
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
Bishop Museum			808: 647-8269		
MAILING ADDRESS (Street)			FAX		
1525 Bernice Street			608-84 1 -8968		
(City) (State)			(Zip Code)		
Honolulu,	н		96817-2704		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the unders igned.					
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	horizing Officer or Person Penres		(Data)		